SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER
2nd AMENDMENT AS FILED IND. OEP. IND. IND. DEP. 1. Ø ত্ত **(1**) TOTAL DOD. Ţ Ĵ TOTAL IND. _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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